

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/571505 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51			1	1	1	1
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	1	0	2	2			55						
6	0	0	2	2			56						
7	0	0	4	4			57						
8	0	0	4	4			58						
9	0	0	4	4			59						
10	0	0	4	4			60						
11	0	0	4	4			61						
12	1		1				62						
13	1		1				63						
14	1		1				64						
15	1		1				65						
16	1	0	2	2			66						
17	0	0	2	2			67						
18	1		1				68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22	0	0	4	4			72						
23	0	0	4	4			73						
24	0	0	4	4			74						
25	0	0	4	4			75						
26	0	0	4	4			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	0	12	0			TOTAL IND.		0	0	0	0	0
TOTAL DEP.	14	0	18	0			TOTAL DEP.		0	0	0	0	0
TOTAL CLAIMS	26	0	20	0			TOTAL CLAIMS		0	0	0	0	0